

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 06CV1952-JLS
DEFENDANT James M. Danforth, Thomas Villwock, and G7 Productivity	TYPE OF PROCESS ORDER/JDE
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN James Stevens, Attorney at Law	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 402 West Broadway, Suite 400, San Diego, CA 92101	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW U.S. Attorney's Office Financial Litigation Unit	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

James Stevens, Attorney at Law, must be personally served 10 days before the hearing. Servy by December 31, 2009. If unable to serve, call Joann Blas.

Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (619) 557-7466	DATE 12/16/09
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 98	District to Serve 98	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 12/17/09
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (if not shown above) Kimberly Spaine of Client Service Representative	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) 2000 C 17 A	Date 12/20/09
	Time 9:50 am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges Including Endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED